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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38474

FILED DEC 9 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4929

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5907 Walnut St.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5907 Walnut St., 8
(If rural, give location)

(e) Citizen of foreign country? x no (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME George W. Toulmin

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Mrs. Aurellia Kirk Toulmin

6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased February (Month) 2 (Day) 1862 (Year)

8. AGE: Years 85 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Massachusetts (City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business x

FATHER
12. Name unknown 4
13. Birthplace England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown.
15. Birthplace England 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maurice Brulay
(b) Address 5907 Walnut St., Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-24-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24
year 1947 hour 12:55 minute A. M.

21. I hereby certify that I attended the deceased from Sept 15 to Nov 24 1947 to 19
that I last saw h alive on 11-23 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis — Duration 10 Days

Due to

Due to

Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: —
Of operations 93 ft

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature K P Jones (M. D. or other)
Address 1108 Grove Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. K. P. Jones, 1108 Troost

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Robt K. Reed

Licensed Embalmer No. 3240

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.